PART B - FEE(S) TRANSMITTAL

annicable fee(s) to: Mail Mail Ston ISSHE FEE

ADEMINANCE OF	his form, together witi		P.O. Box 14 Alexandria x (703) 746-40	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000		
INSTRUCTIONS: This for appropriate. All further considered unless corrected maintenance fee notification	rm should be used for trans respondence including the P below or directed otherwise:	mitting the ISSU atent, advance on in Block 1, by (a	E FEE and PU ders and notific) appositying a st	BLICATION FEE (aujon of maintenance lew correspondence a	if required). Blocks I through 5 fees will be malled to the curre address; and/or (b) indicating 2 6	s should be completed where ent correspondence address as eparate "FEE ADDRESS" for
CURRINT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 34755 7590 02/17/2005				Foo(c) Typnemi	case of mailing can only be used ttal. This certificate cannot be used dditional paper, such as an assign ntificate of mailing or transmissio	od for any other accompanying
ADAM K. SACH MUCH SHELIST AMENT&RUBEN 191 N. WACKER	FREED DENENBERG ISTEIN,PC		I bereby certify States Postal St addressed to the examinated to the	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile consmitted to the USPTO (1931)745-4000, on the date indicated below.		
SUITE 1800				Mark	Ship	(Depositor's came)
CHICAGO, IL 606	506-1615			MACR	KSACharoft	(Signature)
				0300	1/2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED IN		NVENTOR	ATTORNEY DOCKET NO	. CONFIRMATION NO.
10/803,326				rnoff	0000037.0008	5572
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FE	E TOTAL PEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$0	\$700	05/17/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS	<u> </u>	
FRANCIS, FAYE		3728		206-223000		
1. Change of correspondence CFR 1.363). Change of correspond Address form PTO/SB/1 "Foe Address" indica PTO/SB/47; Rev 03-02 Number is required.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent anomeys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered dittorney or agent) and the names of up to 2 registered distorney or agent; and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO BE	B PRINTED ON T	THE PATENT (print or type)		
PLBASE NOTE: Unless recordation as set forth in	s an assignce is identified being 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear T a substitute for	r on the patent. If an r filing an assignment	n assigned is identified below, the	e document has been filed for
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CTTY and STATE OR COUNTRY)						
HAND	I-FOIL, CO	2ρ.		aling 1 IL		_
Please check the approprian	c assignee calegory or categor				Corporation or other private	group entity Government
4a. The following fee(s) are	enclosed:	45	Payment of Fe		(-) !logari	
Alssue Fee		٠.		e amount of the fee(s) is enclosed. redit card. Form PTO-2038 is attached.		
Publication Fee (No :	M The Director is hereby authorized by charge the required fcc(s), or ordit any overpayment, to Deposit Account Number (enclose an extra copy of this form).					
5. Change in Entity Status	(from status indicated above)	_			
The Director of the USPTO NOTE: The Issue Fee and I interest as shown by the rec	MALL ENTITY status. See 3 is requested to apply the Issu Publication Fee (if required) w ords of the United States Pate	or CFR 1.27. The Fee and Publicate Fee and Publicate Fee and Publicate Fee accepted Trademark			g SMALL ENTITY status. See 37 reviously paid issue fee to the app in a registered attorney or agent, o	
Aurhorized Signature	onkon				03/09/2005	
Typed or printed name	ADAM K SAC	haroth		Regi	stration No. 43075	··········

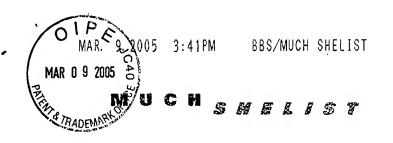
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patant and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FRES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PTOL-85 (Rev. 12/04) Approved for use through 04/30/2007.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PAGE 2/2 * RCVD AT 3/9/2005 4:41:05 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/2 * DNIS:7464000 * CSID:312-521-2100 * DURATION (mm-ss):01-10



ATTORNEYS AT LAW 191 NORTH WACKER DRIVE SUITE 1800 CHICAGO, ILLINOIS 60606.1615

> T 312.521.2000 F 312.521.2100

www.muchshelist.com

FACSIMILE TRANSMITTAL FORM

DATE: March 9, 2005

TO: U.S. Patent Office

ATTN: MAIL STOP ISSUE FEE

FAX NUMBER: 703/746-4000

RECIPIENT'S PHONE:

FROM: Adam K. Sacharoff

NO. OF PAGES: 2

(Including Cover Sheet)

PLEASE CALL 312.521.2134 IF YOU DO NOT RECEIVE ALL OF THE PAGES.

CLIENT NUMBER.MATTER NUMBER 0000037.0008 COPITRAK BILLING NUMBER/CODE 397

MESSAGE:

RE: Patent Application No. 10/803,326

Filing Date: 3/18/04

PLEASE RETURN FAX CONFIRMATION TO: Beverly Milligan

WARNING:

This telecopier transmittal may contain confidential or privileged information intended only for the use of the individual or entity named on this cover sheet. If you are not the intended recipient, please understand that any disclosure, copying, distribution, or use of the contents of this transmittal is strictly prohibited. If you have received this transmittal in error, please notify us by telephone immediately so we can arrange for retrieval of the original documents at no cost to you. Thank you.

PAGE 1/2 * RCVD AT 3/9/2005 4:41:05 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-2/2 * DNIS:7464000 * CSID:312-521-2100 * DURATION (mm-ss).0 €10 5002 6 0 NVW

3419